

Section 5199 Aerosol Transmissible Diseases

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(a) Scope, Application and Definitions

- (1) Scope & application.** This section applies to occupational exposure in each of the following work settings:
 - (A) Hospitals and other healthcare facilities and operations which provide evaluation, diagnosis, treatment, transport, isolation, or management to suspect or confirmed cases.
 - (B) Facilities or operations that are designated to receive persons arriving from the scene of an uncontrolled release of hazardous substances involving biological agents, as defined in Section 5192.
 - (C) Facilities where high-hazard procedures are performed.
 - (D) Clinics and other settings in which medical services are provided, such as home health care and public health services.
 - (E) Field operations that involve potential exposures to suspect or confirmed cases including paramedic, emergency medical services or transport, firefighters, public health, and police personnel.
 - (F) Long-term health-care facilities and hospices.
 - (G) Correctional facilities and other facilities that house inmates or detainees.
 - (H) Homeless shelters and settings in which medical outreach services are provided to the homeless.
 - (I) Facilities that offer treatment for drug abuse.

- (J) Facilities that perform aerosol-generating procedures on cadavers that are potentially infected with ATPs such as pathologists, medical examiners, coroners, and mortuaries.
- (K) Laboratories that perform procedures with aerosol transmissible pathogens – laboratory (ATP-L).
- (L) Any other facility or operation in which the CDC, CDHS, or the local health officer issues a written determination that there is an elevated risk of infection with aerosol transmissible pathogens.

Notes to subsection (a)(1):

(1) Occupational exposure incurred in any of the work settings listed in paragraphs (a)(1)(A) through (a)(1)(L) of this section by temporary or contract employees or by personnel who service or repair air systems or equipment or who renovate, repair, or maintain areas of buildings that may reasonably be anticipated to contain aerosolized **M. tuberculosis** or other aerosol transmissible pathogens is covered by this section.

(2) Employers who conduct hazardous waste and emergency response operations, as defined in section 5192, must also comply with the applicable requirements of section 5192.

(3) Exposures to animals infected by aerosol transmissible pathogens which cause human disease are regulated by section 5199.1

(4) Dental offices that screen patients for aerosol transmissible diseases and which have an effective policy of avoiding the performance of dental procedures on suspect or confirmed ATD cases are not included in the scope of this standard.

(2) Application

(A) Work operations and facilities that conduct any of the following activities shall comply with subsections (a)(c)(d)(f)(g)(h) and (i) of this section:

1. evaluation, diagnosis, treatment, transport, housing or management of persons requiring airborne infection isolation;
Exception: Work operations or facilities that provide only non-medical transport to persons requiring airborne infection isolation are considered “referring employers”, and are covered by subsections (a) and (b), provided they meet all of the qualifications in subsection (A)(2)(B) below, together with all of the provisions of this section referred to in subsection (b)
2. high hazard procedures performed on suspect or confirmed cases;
3. decontamination or management of persons contaminated as a result of a release of biological agents;
4. performance of autopsies or embalming procedures on human cadavers potentially infected with aerosol transmissible pathogens.
5. laboratory operations in which employees have direct contact with suspect or confirmed cases

(B) Only the requirements of subsections (a) and (b) of this section and all provisions of this section referred to in subsection (b), apply to facilities or other work operations which do all of the following:

1. Screen persons for airborne infectious diseases.
2. Refer any person identified as an airborne infectious disease suspect or confirmed case.
3. Do not plan to provide further medical services beyond first aid or screening and referral as described in subsections 1. and 2. immediately above.
4. Do not provide transport, housing, or airborne infection isolation to any person identified as an airborne infectious disease suspect or confirmed case, unless the transport provided is only non-medical transport in the course of a referral.

(C) Only the provisions of subsection (a) and (e) and all provisions of this section referred to in subsection (e) apply to laboratories that are included within the scope of this section, and in which employees do not have direct contact with suspect or confirmed cases.

(3) Definitions

Accredited laboratory means a laboratory that is licensed by the California Department of Health Services pursuant to Title 17 of the California Code of Regulations, or which has participated in a quality assurance program leading to a certification of competence administered by a governmental or private organization that tests and certifies laboratories.

Aerosol transmissible disease (ATD) or pathogen (ATP) means an epidemiologically important disease or pathogen that is transmitted via the droplet or airborne route. A list of these diseases and pathogens is included in Appendix A.

Aerosol transmissible pathogen -- laboratory (ATP-L) means a pathogen that meets one of the following criteria: (1) the pathogen appears on the list in appendix D. (2) the BMBL recommends biosafety level 3 for the pathogen (3) the biosafety officer recommends biosafety level 3 for the pathogen, or (4) the pathogen is a novel or unknown pathogen.

Airborne infection isolation (AII) means infection control procedures that are designed to reduce the risk of transmission of airborne infectious pathogens. Airborne infection isolation procedures apply to patients known or suspected to be infected with epidemiologically important pathogens that can be transmitted by the airborne route. Airborne infection isolation procedures are described in Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005, CDC, which is hereby incorporated by reference.

Airborne infection isolation room or area means a room, area, booth, tent, or other enclosure that is maintained at negative pressure to adjacent areas in order to control the spread of aerosolized **M. tuberculosis** and other airborne infectious pathogens, and that meets the requirements of Title 24, Part 4, for Isolation Rooms, or the requirements stated in subsection (d) of this standard

Airborne infectious disease (AID) means either: (1) an aerosol transmissible disease transmitted through dissemination of airborne droplet nuclei or dust particles containing the disease agent for which AII is recommended by the CDC or CDHS, as listed in Appendix A, or (2) the disease process caused by a novel or unknown pathogen for which there is no evidence to rule out with reasonable certainty the possibility that the pathogen is transmissible by the airborne route.

Airborne infectious pathogen (AIP) means either: (1) an aerosol transmissible pathogen transmitted through dissemination of airborne droplet nuclei or dust particles containing the infectious agent, and for which the CDC or CDHS recommends AII, as listed in Appendix A or (2) a novel or unknown pathogen for which there is no evidence to rule out with reasonable certainty the possibility that it is transmissible through dissemination of airborne droplet nuclei or dust particles containing the novel or unknown pathogen.

Biosafety Level 3 means compliance with the criteria for laboratory practices, safety equipment, and facility design and construction recommended by the Centers for Disease Control in “Biosafety in Microbiological and Biomedical Laboratories” for laboratories in which work is done with indigenous or exotic agents with a potential for respiratory transmission, and which may cause serious or potentially lethal infection.

Biosafety in Microbiological and Biomedical Laboratories (BMBL) means “Biosafety Microbiological and Biomedical Laboratories,” 4th edition, CDC, 1999.

Biosafety officer(s) means a person who is qualified by training and/or experience, to evaluate hazards associated with laboratory procedures involving ATP-L, who is knowledgeable about the facility biosafety plan, and who is authorized by the employer to establish and implement effective control measures for laboratory biological hazards.

CDC means the United States Centers for Disease Control and Prevention.

CDHS means the California Department of Health Services.

Chief means the Chief of the Division of Occupational Safety and Health of the Department of Industrial Relations.

Confirmed case means an individual who meets the definition of a confirmed case of an ATD under diagnostic criteria accepted by the CDC, CDHS, local health officer, or the infection control PLHCP. The disease state must be capable of being transmitted to another individual (e.g., pulmonary or laryngeal TB or extrapulmonary TB where the infected tissue is exposed and could generate droplet nuclei).

Droplet Precautions means infection control procedures designed to reduce the risk of transmission of infectious agents through contact of the conjunctivae or the mucous membranes of the nose or mouth of a susceptible person with large-particle droplets (larger than 5 µm in size) containing microorganisms generated from a person who has a clinical disease or who is a carrier of the microorganism. Droplet Precautions apply to any patient known or suspected to be

infected with epidemiologically important pathogens that can be transmitted by infectious droplets. Droplet precautions are described in Guideline for Isolation Precautions in Hospitals, 1996, CDC, which is hereby incorporated by reference.

Exposure incident means an event in which an employee has had an exposure to an individual with a diagnosed reportable ATD, without the benefit of applicable exposure controls required by this section, and it reasonably appears from the circumstances of the exposure that transmission of disease is sufficiently likely that evaluation by a PLHCP is warranted.

Exposure incident (laboratory) means a significant exposure to an aerosol containing an ATP-L, without the benefit of applicable exposure control measures required by this section.

Field Operation means an operation conducted by employees that is outside of the employer's fixed establishment, such as paramedic and emergency medical services or transport, law enforcement, home health care, and public health.

Health Care Worker (HCW) means a person who works in a health care setting, including fixed establishments and field operations.

High hazard procedures means procedures performed on an individual or specimen with suspected or confirmed aerosol transmissible disease or pathogens in which the potential for being exposed to aerosol transmissible pathogens is increased due to the reasonably anticipated generation of aerosolized pathogens. Such procedures include, but are not limited to, sputum induction, bronchoscopy, aerosolized administration of pentamidine or other medications, and pulmonary function testing. They also include autopsy, clinical, surgical and laboratory procedures that may aerosolize pathogens.

Infection control PLHCP means a PLHCP who is knowledgeable in infection control practices, including routes of transmission, isolation precautions and the investigation of exposure incidents.

Laboratory means a facility or operation in a facility where the manipulation of specimens or microorganisms is performed for the purpose of diagnosing disease or identifying disease agents, conducting research or experimentation on the microorganisms, replicating the organisms for distribution, and related support activities for these processes.

Latent TB infection (LTBI). Infection with *M. tuberculosis* in which the bacilli are present but inactive in the body. Persons who have LTBI but who do not have TB disease are asymptomatic, do not feel sick, and cannot spread TB to other persons. They typically are positive to tests designed to identify TB infection (e.g. TB skin test, blood assays for *M. Tuberculosis*).

Local Health Officer means the health officer for the local jurisdiction responsible for receiving and/or sending reports of communicable diseases, as defined in Title 17, of the California Code of Regulations. Note: Title 17, Section 2500 requires that reports be made to the local health officer for the jurisdiction where the patient resides.

M. tuberculosis means **Mycobacterium tuberculosis**, the scientific name of the bacillus that causes tuberculosis.

Negative pressure means the relative air pressure difference between two areas. A room or other containment area that is under negative pressure has lower pressure than adjacent areas, which keeps air from flowing out of the room and into adjacent rooms or areas.

NIOSH means the director of the National Institute for Occupational Safety and Health, CDC, or designated representative.

Novel or unknown ATP means a pathogen capable of causing serious human disease meeting the following criteria:

- (1) There is credible evidence that the pathogen is transmissible to humans by aerosols; and
- (2) The disease agent is:
 - (a) a newly recognized pathogen, or
 - (b) a newly recognized variant of a known pathogen and there is reason to believe that the variant differs significantly from the known pathogen in virulence or transmissibility, or
 - (c) a recognized pathogen that has been recently introduced into the human population.
 - (d) a not yet identified pathogen

Variants of the influenza virus that typically occur from season to season are not considered novel or unknown ATPs because they do not differ significantly in virulence or transmissibility.

Occupational exposure means reasonably anticipated exposure to a source of ATPs under conditions that without protective measures create a significant risk that the exposed employee will contract the disease caused by the ATP. Examples of such conditions of exposure include: providing care, transport, or housing to suspect or confirmed cases of ATPs, working in proximity to people with ATPs, working in a laboratory where materials containing ATPs or other pathogens are aerosolized, and maintenance of ventilation systems containing air exhausted from AII rooms.

Physician or other licensed health care professional (PLHCP) means an individual whose legally permitted scope of practice in California allows him or her to independently provide or be delegated the responsibility to provide some or all of the health care services required by this section.

Reportable aerosol transmissible disease (RATD) means a disease or condition which a health care provider is required to report to the local health officer, in accordance with Title 17, California Code of Regulations, Chapter 4, and for which droplet precautions or airborne infection isolation are recommended by the Centers for Disease Control or the California Department of Health Services.

Referring employer means any employer that operates a facility or operation in which there is occupational exposure and which refers airborne infectious disease suspect and confirmed cases to other facilities. These operations or facilities do not provide diagnosis, treatment, transport, housing, isolation or management to persons requiring airborne infection isolation. Law enforcement, corrections, public health, and other operations that provide only non-medical transport for referred cases are considered referring employers if they do not provide diagnosis, treatment, housing, isolation or management for referred cases.

Respirator means a device which has met the requirements of 42 CFR Part 84, has been designed to protect the wearer from inhalation of harmful atmospheres, and has been approved by the National Institute for Occupational Safety and Health (NIOSH).

Respirator user means an employee who in the scope of their current job may be assigned to tasks which may require the use of a respirator, in accordance with subsection (f).

Source Control means the use of procedures, engineering controls, and other devices or materials to minimize the spread of airborne particles and droplets from an individual who has or exhibits signs or symptoms of having an ATD, such as persistent coughing.

Surge means a rapid expansion beyond normal services to meet the increased demand for qualified personnel, medical care, equipment, and public health services in the event of large-scale public health emergencies or disasters.

Suspect case means an individual who meets criteria described by the CDC, the CDHS, the local health officer, or the Infection Control PLHCP of a suspect infectious case for an ATD.

TB Conversion means a change from negative to positive as indicated by TB test results, based upon current CDC or CDHS guidelines for interpreting the TB Test.

Test for tuberculosis infection (TB Test) means any test, including the Tuberculin skin test and blood assays for M. Tuberculosis (BAMT) such as interferon gamma release assays (IGRAs) which: (1) has been approved by the Food and Drug Administration for the purposes of detecting tuberculosis infection, and (2) is recommended by the Centers for Disease Control for testing for tuberculosis infection in the environment in which it is used, and (3) is administered, performed, analyzed and evaluated in accordance with those approvals and guidelines. Note: Where surveillance for LTBI is required by Title 17, the TB test must be approved for this use by the CDHS.

Tuberculosis (TB) means a disease caused by **M. tuberculosis**.

(b) Referring employers. Facilities or work operations in which there is occupational exposure, and which meet the criteria identified in subsection (a)(2)(B), are only required to comply with the following provisions:

(1) The employer has an individual on site whose responsibility it is to establish and implement infection control procedures to control the risk of transmission of aerosol transmissible diseases. This individual shall have the authority to perform this function and be knowledgeable in infection control principles.

(2) The employer shall establish and implement written source control procedures. These procedures shall include the method of informing persons with whom employees will have contact of the employer's source control measures.

(3) The employer shall establish and implement effective written procedures for identification and referral to appropriate facilities of airborne infectious disease suspect or confirmed cases. Transfers shall occur within 5 hours of the identification of the suspect or confirmed case, unless:

(A) the initial encounter with the suspect or confirmed case occurs after 3:30 p.m. and prior to 7 a.m., in which case the employer shall ensure that transfer occurs no later than 11:00 a.m. the following day; or

(B) the employer has contacted the local health officer and determined that there is no facility that can provide appropriate AIL, and the employer has complied with all of the conditions in (d)(3)(B)2.; or

(C) the case meets the conditions of the exceptions to subsection (d)(3)(B)2.

(4) The employer shall establish procedures to communicate with employees and other employers of affected employees regarding the suspected or confirmed infectious disease status of referred patients. These shall include procedures to receive information from the facility to which patients were referred, and to provide necessary infection control information to employees who were exposed to the referred person.

(5) The facility or operation shall establish and implement effective written procedures to reduce the risk of transmission of disease to employees, to the extent feasible, during the period the airborne infectious disease suspect or confirmed case is in the facility or is in contact with employees. In addition to source control measures, these procedures shall include, to the extent feasible:

(A) Placement of the suspect or confirmed case in a separate room or area

(B) Provision of separate ventilation or filtration in the room or area

- (C) Employee use of respiratory protection when entering the room or area in which the potentially infectious person is located, if the person is not compliant with source control measures. Respirator use shall meet the requirements of subsection (f) and Section 5144.

Exception to subsection (b)(5)(C): Law enforcement or corrections personnel who transport an airborne infectious disease suspect or confirmed case in a vehicle need not use respiratory protection if all of the following conditions are met:

- i. a solid partition separates the passenger area from the area where employees are located;
- ii. the employer's written procedures specify the conditions of operation, including the condition of windows and fans;
- iii. the employer tests (for example by the use of smoke tubes) the airflow in a representative vehicle (of the same model, year of manufacture, and partition design) under the specified conditions of operation, and finds that there is no detectable airflow from the passenger compartment to the employee area; and
- iv. the employer records the results of the tests, and maintains the results, in accordance with subsection (i)(3)(E);
- v. the person performing the test is knowledgeable about the assessment of ventilation systems.

- (6) The facility or operation shall establish a system of medical surveillance for employees, which meets the following requirements:

- (A) The employer shall make available to all health care workers with occupational exposure all vaccinations and immunizations recommended by the CDHS as listed in Appendix E in accordance with subsection (g). These vaccinations shall be provided at no cost to the employee, at a reasonable time and place for the employee and during working hours, and be provided by a PLHCP.

Note: Seasonal influenza vaccine shall be provided during the period designated by the CDC for administration and need not be provided outside of those periods.

- (B) The employer shall develop, implement, and maintain effective written procedures for exposure incidents in accordance with subsections (g)(6) through (g)(9).
- (C) Employers shall establish surveillance programs for latent tuberculosis infection (LTBI) in accordance with subsection (g).
- (D) The employer shall establish and implement effective procedures for providing vaccinations against seasonal influenza to all employees with occupational exposure, in accordance with subsection (g)(10).

- (7) Employers shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours. Training shall be provided at the time of initial assignment to tasks where

occupational exposure may take place and at least annually thereafter. The person conducting the training shall be knowledgeable in the subject matter covered by the training program as it relates to the workplace that the training will address. Training material appropriate in content and vocabulary to the educational level, literacy, and language of employees shall be used. This training shall include:

- (A) General Explanation. A general explanation of aerosol transmissible diseases including the signs and symptoms of ATDs that require further medical evaluation.
 - (B) Methods of recognition of persons who may require referral due to signs or symptoms of airborne infectious diseases;
 - (C) The employer's source control measures, and how these measures will be communicated to persons employees contact;
 - (D) The employer's procedures for referring airborne infectious disease suspect or confirmed cases;
 - (E) The employer's procedures for temporary risk reduction measures prior to transfer;
 - (F) Where respiratory protection is used, the employer shall provide training in accordance with Section 5144 and subsection (f);
 - (G) The employer's medical surveillance program, and the methods of reporting exposure incidents;
 - (H) Information on vaccines, including the seasonal influenza vaccine. For each vaccine, this information shall include the efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccines and vaccination will be offered free of charge;
 - (I) How employees can access the employer's written procedures, and how employees can participate in reviewing the effectiveness of the employer's procedures.
 - (J) An opportunity for interactive questions with the person conducting the training.
- (8) The employer shall ensure that the infection control procedures are reviewed at least annually with the employees in their work area, and that deficiencies found are corrected.
- (9) Recordkeeping. Employers shall establish and maintain training records, vaccination records, records of exposure incidents, and records of inspections of inspections testing and maintenance of non-disposable engineering controls, in accordance with subsection (i). If the employer utilizes respirators, the employer shall maintain records of implementation of that program in accordance with Section 5144.

(c) Aerosol Transmissible Diseases Exposure Control Plan

- (1) Work operations and facilities identified in subsection (a)(2)(A) shall establish, implement, and maintain a written, effective ATD Exposure Control Plan (Plan) which is specific to the work place or operation(s), and which contains all of the elements in subsection (c)(2).
- Exception to subsection (c)(1): Employers with laboratory operations in which employees do not have direct patient contact may establish implement and maintain an effective,

written biosafety plan meeting the requirements of subsection (e) in lieu of an Exposure Control Plan for those operations.

(2) The Plan shall contain all of the following elements:

- (A) The name(s) or title(s) of the person(s) responsible for administering the Plan. This person shall be knowledgeable in infection control principles and practices as they apply to the operation or facility.
- (B) A list of all job classifications in which employees have occupational exposure.
- (C) A list of all high hazard procedures performed in the facility or operation, and the job classifications and operations in which employees are exposed to those procedures.
- (D) A list of all assignments or tasks requiring personal and/or respiratory protection.
- (E) The methods of implementation of subsections (d)(f)(g)(h) and (i) as they apply to that facility or work operation. Specific engineering, work practice, personal protective and respiratory protective control measures shall be listed for each type or group of tasks, operations, or work areas in which occupational exposure occurs for routine procedures and for surge conditions, where applicable. In establishments where the plan pertains to laboratory operations, it shall also contain the methods of implementation for subsection (e), unless those operations are included in a biosafety plan.
- (F) A description of the source control measures to be implemented in the work operation or facility, and the method of informing people entering the work setting of the source control measures.
- (G) Procedures for identifying, temporarily isolating, and referring or transferring airborne infectious disease suspect or confirmed cases to AII facilities. These procedures shall include the methods the employer will use to document medical decisions not to transfer patients in need of AII in accordance with subsection (d)(3)(B)2.
- (H) Procedures for providing medical surveillance, including recommended immunizations and follow-up, as required in subsection (g). This shall include the procedures the employer will use to document the lack of availability of a recommended vaccine.
- (I) The procedures for employees and supervisors to follow in the event of an exposure incident, including how the employer will determine which employees had a significant exposure, in accordance with subsection (g)(6).
- (J) The procedures the employer will use to evaluate each exposure incident, in order to determine the cause, and to revise existing procedures to prevent future incidents.
- (K) The procedures the employer will use to communicate with its employees, and with the employers of other affected employees regarding the suspected or confirmed infectious disease status of persons to whom employees are exposed in the course of their duties, in accordance with subsection (g).
- (L) Procedures for communicating with other employers regarding exposure incidents, including procedures for providing or receiving notification to and

from health care providers about the disease status of referred or transferred patients, in accordance with subsection (g).

(M) The procedures the employer will use to ensure that there is an adequate supply of personal protective equipment and other equipment necessary to minimize employee exposure to aerosol transmissible pathogens, in normal operations, in foreseeable emergencies, and in surge situations.

(N) Procedures for providing initial and annual training to employees in job categories identified in subsection (c)(2)(B).

(O) Procedures for recordkeeping, in accordance with subsection (i).

(P) The procedures the employer will use to involve employees in the review of the Plan.

(3) The Plan shall be reviewed at least annually by the program administrator, and by employees regarding the effectiveness of the program in their respective work areas. The review(s) shall be documented in writing, in accordance with subsection (i).

(4) The Plan shall be made available to employees, their representatives, and to the Chief, NIOSH, and to their representatives for examination and/or copying.

(d) Engineering and Work Practice Controls, and Personal Protective Equipment

(1) General. Employers shall use feasible engineering and work practice controls to minimize employee exposures to aerosol transmissible diseases. Where engineering and work practice controls do not provide sufficient protection, e.g. when an employee enters an airborne infection isolation room, the employer shall use personal protective equipment and, in the case of airborne infectious diseases respirators, to control exposures.

(A) Work practices shall be implemented to prevent or minimize employee exposures to airborne, droplet, and contact transmission of aerosol transmissible pathogens (ATP), in accordance with specific isolation precautions recommended in Guideline for Isolation Precautions in Hospitals, 1996, CDC, which is hereby incorporated by reference.

Note: These work practices may include, but are not limited to, 1. handwashing and gloving procedures, 2. the use of anterooms, 3. the use of respiratory protection, 4. the use of personal protective equipment such as eye and face protection, surgical masks, gowns and other protective apparel, and 5. the cleaning and disinfection of contaminated surfaces, articles and linens.

(B) Each employer shall implement written source control procedures. For fixed health care and correctional facilities, and in field operations to the extent that it is reasonably practicable, these procedures shall incorporate the recommendations contained in the Respiratory Hygiene/Cough Etiquette in Health Care Settings, CDC, 2003, which is hereby incorporated by reference. The procedures shall include methods to inform individuals entering the facility, being transported by employees, or otherwise in close contact with employees, of the source control practices implemented by the employer.

- (C) Employers shall develop and implement engineering and work practice controls to protect employees who operate, use, or maintain vehicles that transport persons who are potentially infectious. The employer shall give consideration to implementing barriers and ventilation systems, where feasible. Employers shall document the results and the basis for the results of their consideration process, and these control measures shall be included in the annual review of the Plan.
- (2) Engineering controls shall be used in workplaces that admit or provide medical services or AII to airborne infectious disease suspect or confirmed cases, except in settings where home health care or home-based hospice care is being provided.
- (3) Airborne infectious disease suspect or confirmed cases shall be identified, and except in field operations and in settings where home health care or home-based hospice care is being provided, these individuals shall be:
- (A) Provided with disposable tissues and hand hygiene materials and masked or placed in such a manner that contact with employees who are not wearing respiratory protection is eliminated or minimized until transfer or placement in an Airborne Infection Isolation (AII) room or area can be accomplished and;
- (B) Placed in an AII room or area or transferred to a facility with AII rooms. The employer shall ensure that this placement or transfer is effected in a timely manner.
1. **Transfers within facility.** Transfers to airborne infection isolation rooms or areas within the facility shall occur within 5 hours of identification.
 2. **Transfers to other facilities.** Transfers to other facilities shall occur within 5 hours of identification, unless the employer documents, at the end of the 5-hour period, and at least every 24 hours thereafter that:
 - a The employer has contacted the local health officer, and
 - b There is no AII room or area available within that jurisdiction, and
 - c Reasonable efforts have been made to contact establishments outside of that jurisdiction, as provided within the Plan, and
 - d All measures recommended by the local health officer and the Infection Control PLHCP have been implemented, and
 - e All susceptible employees who enter the room or area housing the individual are provided with, and use, respiratory protection in accordance with Subsection (f) and Section 5144.

Exceptions to subsection (d)(3)(B)2.: (1) Where the treating physician determines that transfer would be detrimental to a patient's condition, the patient need not be transferred. In that case the facility shall ensure that employees use respiratory protection when entering the room or area housing the individual. The

patient's condition shall be reviewed at least every 24 hours to determine if transfer is safe, and the determination shall be recorded as described in the Plan.

(2) Where it is not feasible to provide AII facilities to individuals suspected or confirmed to be infected with novel or unknown aerosol transmissible pathogens, the employer shall provide other effective control measures to reduce the risk of transmission to employees, which shall include the use of respiratory protection in accordance with subsection (f).

(C) High-hazard procedures shall be conducted in an AII room or area, such as a ventilated booth or tent.

Exception: Where there is no AII room or area available, and the treating physician determines that it would be detrimental to the patient's condition to delay performing the procedure, high hazard procedures may be conducted in other areas. In that case, employees working in the room or area where the procedure is performed shall use respiratory protection, in accordance with subsection (f).

(D) Specific requirements for Airborne Infection Isolation Rooms and Areas.

1. Hospital isolation rooms constructed in conformance with Title 24, Part 4, Chapter 4, Section 417 et seq, and which are maintained to meet those requirements shall be considered to be in compliance with subsection(d)(3)(D)2.
2. Negative pressure shall be maintained in AII rooms or areas. The ventilation rate shall be 12 or more air changes per hour (ACH). The required ventilation rate may be achieved in part by using in-room high efficiency particulate aerosol (HEPA) filtration or other air cleaning technologies, but in no case shall the supplied air ventilation rate be less than six ACH. Hoods, booths, tents and other local exhaust control measures shall comply with Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005, CDC.
3. Negative pressure shall be visually demonstrated by smoke trails or equally effective means daily while a room or area is in use for airborne infection isolation. If the room or area is not under negative pressure, then the room or area shall not be used for airborne infection isolation.
4. Engineering controls shall be maintained, inspected and performance monitored for filter loading and leakage at least annually, and whenever filters are changed, and more often if necessary to maintain effectiveness. Problems found shall be corrected in a reasonable period of time. If the problem(s) found prevent the room from providing effective AII, then the room shall not be used for that purpose until the condition is corrected.
5. Ventilation systems for AII rooms or areas shall be constructed, installed, inspected, operated, tested, and maintained in accordance with Section 5143. Inspections, testing and maintenance shall be documented in writing, in accordance with subsection (i).
6. Air from AII rooms or areas, and areas that are connected via plenums or other shared air spaces shall be exhausted directly outside, away from intake

vents, employees, and the general public. Air that cannot be exhausted in such a manner or that must be recirculated must pass through HEPA filters before discharge or recirculation.

7. Ducts carrying air that may reasonably be anticipated to contain aerosolized **M. tuberculosis** or other airborne pathogens shall be maintained under negative pressure for their entire length before in-duct HEPA filtration or until the ducts exit the building for discharge.
8. Doors and windows of AII rooms or areas shall be kept closed while in use for airborne isolation, except when doors are opened for entering or exiting and when windows are part of the ventilation system being used to achieve negative pressure.
9. When an AII room or area is vacated by suspect or confirmed case, the room or area shall be ventilated according to Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005, CDC for a removal efficiency of 99.9 % before permitting employees to enter without respiratory protection.

- (4) The employer shall develop and implement effective written decontamination procedures including appropriate engineering controls, for employees to clean and decontaminate work areas, vehicles, PPE and equipment.
- (5) The employer shall provide information about the infectious disease hazard to any contractor who provides temporary or contract employees who may incur occupational exposure so that the contractor can institute precautions to protect his or her employees.
- (6) Surge procedures. Employers of employees who are designated to provide services in surge conditions, and employers of employees who are designated to provide services to persons who have been contaminated as the result of a release of biological agents, shall establish work practices and procedures, including patient isolation, the provision of decontamination facilities, appropriate personal protective equipment and respiratory protective equipment, for such events. Employees designated to provide care under these circumstances shall be trained in these practices and procedures.

(e) Laboratories

- (1) This subsection applies only to employers who perform laboratory operations capable of aerosolizing ATP-L where employees do not have direct contact with suspect or confirmed cases.
- (2) The employer shall implement feasible engineering and work practice controls to minimize employee exposures. Where exposure still remains after the institution of engineering and work practice controls, the employer shall provide, and ensure that employees use, personal protective equipment and, where necessary to control exposure, respiratory protective equipment. Control measures shall be consistent with the

recommendations in Biosafety in Microbiological and Biomedical Laboratories, which is hereby incorporated by reference.

- (3) **Biosafety plan.** The employer shall establish, implement, and maintain an effective biosafety plan to minimize employee exposures to ATP-L that may be transmitted by laboratory aerosols. The plan may be incorporated into an existing Exposure Control Plan for bloodborne pathogens or an ATD Exposure Control Plan as described in subsection (c), and shall do all of the following:
- (A) Identify a biosafety officer(s) with the necessary knowledge, authority and responsibility for implementing the plan.
 - (B) Include a list of all job classifications in which all or some employees have occupational exposure, and a list of all tasks and procedures in which employees have occupational exposure.
 - (C) Include a list of ATP-Ls known or reasonably expected to be present in laboratory materials, and the applicable biosafety measures.
 - (D) Include a requirement that all incoming ATP-Ls are to be treated as the virulent or wild-type pathogen, until procedures have been conducted at the laboratory to verify that a pathogen has been deactivated or attenuated.
 - (E) Identify and describe the use of engineering controls, including containment equipment and procedures, to be used to minimize exposure to infectious or potentially infectious laboratory aerosols.
 - (F) Establish safe handling procedures and prohibit practices, such as sniffing, that increase employee exposure to infectious agents.
 - (G) Identify and describe the use of the appropriate personal protective equipment to be used to minimize exposure to infectious or potentially infectious laboratory aerosols.
 - (H) Identify any operations or conditions in which respiratory protection will be required. The use of respiratory protective equipment shall be in accordance with subsection (f) and Section 5144.
 - (I) Establish emergency procedures for uncontrolled releases within the laboratory facility and untreated releases outside the laboratory facility. These procedures shall include effective means of reporting such incidents to the local health officer.
 - (J) Include a medical surveillance program consistent with subsection (g), including the provision of vaccinations as recommended by the Centers for Disease Control for the specific laboratory operations.
 - (K) Include procedures for communication of hazards and training that comply with subsection (h). This shall include training in the employer's biosafety plan and emergency procedures.
 - (L) Include an effective procedure for obtaining the active involvement of employees in reviewing and updating the biosafety plan with respect to the procedures performed by employees in their respective work areas or departments on an annual (or more frequent) basis.
 - (M) Include procedures for the biosafety officer(s) to review plans for facility design and construction which will affect the control measures for ATP-L's.
 - (N) Include procedures for inspection of laboratory facilities, including an audit of biosafety procedures. These inspections shall be performed at least annually. Hazards

found during the inspection, and corrective actions shall be recorded, in accordance with section 3203.

- (3) Recordkeeping shall be in accordance with subsection (i).

(f) Respiratory Protection

- (1) Respirators provided for compliance with this section shall be approved by the National Institute for Occupational Safety and Health (NIOSH) for the purpose for which they are used.
- (2) Each employer who has any employee whose occupational exposure is based on entering any of the work settings or performing any of the tasks described in paragraph (f) (5) of this section shall establish, implement and maintain an effective written respiratory protection program that meets the requirements of Section 5144, except as provided in subsections (f) (6) and (f) (7) of this standard.

Note: The respiratory protection program may be incorporated into the exposure control plan or the biosafety plan.

- (3) The employer shall provide the respirator at no cost to the employee.

- (4) Selection.

(A) Where respirator use is required for protection against potentially infectious aerosols, and is not required to meet subsections (B) or (C), the employer shall provide a respirator that is at least as effective as an N95 filtering facepiece respirator, unless the CDC or CDHS specifies a more protective level, in which case the more protective respirator shall be provided.

(B) The employer shall provide a powered air purifying respirator (PAPR) with a High Efficiency Particulate Aerosol (HEPA) filter(s) to employees who perform high hazard procedures on airborne infectious disease suspect or confirmed cases or on cadavers with suspect or confirmed airborne infectious disease, unless the employer determines that this use would interfere with the successful performance of the required task or tasks. This determination shall be documented in the exposure control plan, and shall be reviewed by the employer and employees at least annually, in accordance with subsection (c) (3).

(C) Where respirators are necessary to protect against other hazards, including the uncontrolled release of biological spores, and chemical or radiologic exposures, respirator selection shall be made in accordance with section 5144 and 5192, as applicable.

- (5) The employer shall provide and require employees to use a respirator when the employee:

(A) Enters an AII room or area in use for airborne infection isolation; or

(B) Is present during the performance of procedures or services for an airborne infectious disease suspect or confirmed case; or

(C) Transports an airborne infectious disease suspect or confirmed case in an enclosed vehicle (e.g., van, car, ambulance, helicopter) or who transports an individual

with suspected or confirmed airborne infectious disease within the facility when that individual is not masked; or

- (D) Repairs, replaces, or maintains air systems or equipment that may reasonably be anticipated to contain or generate aerosolized pathogens; or
- (E) Is working in an area occupied by an airborne infectious disease suspect or confirmed case, and during decontamination procedures after the person has left the area; or
- (F) Is working in a residence where an airborne infectious disease suspect or confirmed case is known to be present.
- (G) Is present during the performance of aerosol generating procedures on cadavers that are suspected of, or confirmed as, being infected with airborne infectious diseases.
- (H) Is performing a task for which the biosafety plan or exposure control plan requires the use of respirators.

Exceptions to subsection (f)(5)(C). (1) The employer shall not require or permit respirator use when an employee is operating a vehicle or helicopter and the respirator may interfere with the safe operation of that vehicle. When employees do not use respirators, the employer shall provide other means of protection such as barriers or source control measures, where feasible.

(2) Law enforcement or corrections personnel who transport an airborne infectious disease suspect or confirmed case in a vehicle need not use respiratory protection if all of the following conditions are met:

- i. a solid partition separates the passenger area from the area where employees are located;
- ii. the employer's written procedures specify the conditions of operation, including the condition of windows and fans;
- iii. the employer tests (for example by the use of smoke tubes) the airflow in a representative vehicle (of the same model, year of manufacture, and partition design) under the specified conditions of operation, and finds that there is no detectable airflow from the passenger compartment to the employee area; and
- iv. the employer records and maintains the results, in accordance with subsection (i)(3)(E);
- v. the person performing the test is knowledgeable about the assessment of ventilation systems.

- (6) Medical evaluation: The employer shall provide a medical evaluation, in accordance with Section 5144(e), to determine the employee's ability to use a respirator, before the employee is fit tested or required to use the respirator. For employees who use respirators solely for compliance with subsection (f)(4)(A) and (f)(4)(B), the alternate questionnaire in Appendix B may be used.

- (7) Fit testing.

(A) The employer shall perform either quantitative or qualitative fit tests in accordance with the procedures outlined in appendix A to section 5144. The fit test shall be performed on the same size, make, model and style of respirator as the employee will use. When quantitative fit testing is performed, the employer shall not permit an employee to wear a filtering facepiece respirator unless a

minimum fit factor of one hundred (100) is obtained. When fit-testing single use respirators, a new respirator shall be used for each employee.

(B) The employer shall ensure that each employee who is assigned to use a filtering facepiece or other tight-fitting respirator passes a fit test:

1. At the time of initial fitting;
2. Whenever a different size, make, model or style of respirator is used;
and
3. At least annually thereafter.

Exception to subsection (f)(7)(B)3.: Until January 1, 2012, employers may increase the interval for repeat fit-testing to no more than two years for employees who do not perform high hazard procedures. As of January 1, 2013, an employee who uses a respirator under this section shall have been fit-tested within the previous 12 months.

(C) The employer shall conduct an additional fit test whenever the employee reports, or the employer, PLHCP, supervisor, or program administrator makes visual observations of, changes in the employee's physical condition that could affect respirator fit. Such conditions include, but are not limited to, facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight.

(D) If after passing a fit test, the employee subsequently notifies the employer, program administrator, supervisor, or PLHCP that the fit of the respirator is unacceptable, the employee shall be given a reasonable opportunity to select a different respirator facepiece and to be retested.

(8) The employer shall ensure that each respirator user is provided with initial and annual training in accordance with section 5144.

(g) Medical Surveillance

- (1) Each employer who has any employee with occupational exposure shall provide the employee with medical surveillance for tuberculosis and other ATDs or ATP-Ls as recommended by the CDC and/or the CDHS for the type of work setting. When an employer is also acting as the evaluating health care professional, the employer shall advise an employee following an exposure incident that the employee may refuse to consent to vaccination, post-exposure evaluation and follow-up from the employer-healthcare professional. When consent is refused, the employer shall make immediately available to exposed employees a confidential vaccination, medical evaluation or follow-up from a PLHCP other than the exposed employee's employer.
- (2) Medical surveillance provisions, including vaccinations, examinations, evaluations, determinations, procedures, and medical management and follow-up, shall be:
 - (A) Provided at no cost to the employee;
 - (B) Provided at a reasonable time and place for the employee and during the employee's working hours;
 - (C) Performed by or under the supervision of a physician or other licensed health care professional, as appropriate; and
 - (D) Provided according to recommendations of CDC and/or CDHS current at the time these evaluations and procedures take place.

- (E) Provided in a manner that ensures the confidentiality of employees and patients.
Test results and other information regarding exposure incidents and TB conversions shall be provided without providing the name of the source individual.
- (3) The employer shall make surveillance for latent tuberculosis infection (LTBI) available to all employees with occupational exposure, in accordance with the recommendations of the CDC and CDHS.
- (A) TB tests and other forms of surveillance shall be provided at least annually, or more frequently, if more frequent testing is recommended by the CDC. CDHS or local health officer. Employees with baseline positive TB test shall have an annual symptom screen.
- Exception to subsection (g)(3)(A): If a less frequent interval is permitted by Title 17 and the local health officer, employers who perform an annual tuberculosis risk assessment in accordance with Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, CDC, 2005 may comply with the recommendations of that document regarding LTBI test intervals.
- (B) Employees who experience a TB conversion shall be referred to a PLHCP knowledgeable about TB for evaluation.
1. The employer shall provide the PLHCP with a copy of this regulation, applicable CDC and CDHS guidelines, and the employee's TB Test records. If the employer has determined the source of the infection, the employer shall also provide any available diagnostic test results including drug susceptibility patterns relating to the source patient.
 2. The PLHCP shall, with the employee's consent, perform any necessary diagnostic tests and shall inform the employee about appropriate treatment options.
 3. The PLHCP shall determine whether the employee has suspect or confirmed infectious TB, and, if the employee has suspect or confirmed TB, shall inform the employee and local health officer in accordance with Title 17. Unless the conversion is determined not to be occupational, the PLHCP, in consultation with the local health officer shall make a recommendation to the employer regarding precautionary removal due to suspect active disease, in accordance with subsection (g)(8), and shall provide the employer with a written opinion in accordance with subsection (g)(9).
- (C) TB conversions shall be recorded in accordance with Title 8, Section 14300 et seq.
- (D) Unless it is determined that the TB test conversion is not occupational, the employer shall investigate the circumstances of the conversion, and correct any deficiencies found during the investigation. The investigation shall be documented in accordance with subsection (i).
- (4) Laboratory tests shall be conducted by an accredited laboratory.
- (5) The employer shall make available to all health care workers with occupational exposure all vaccine doses as recommended by the CDHS as listed in Appendix E, for the work setting. Employees in laboratory operations outside of health care settings, and within the

scope of subsection (e), shall be provided with vaccines as recommended by the CDC or CDHS based on the specific laboratory operations.

Note: Seasonal influenza vaccine shall be provided during the period designated by the CDC for administration, and need not be provided outside of those periods

- (A) Recommended vaccinations shall be made available after the employee has received the training required in subsection (h) and within 10 working days of initial assignment to all employees who have occupational exposure unless: the employee has previously received the recommended vaccination(s), antibody testing has revealed that the employee is immune, or the vaccine(s) is contraindicated for medical reasons.
- (B) The employer shall make additional vaccination(s) available to employees within 120 days of the issuance of new CDC or CDHS recommendations.
Exception: Where the employer can not implement these recommendations because of the lack of availability of vaccine, the employer shall document efforts made to obtain the vaccine in a timely manner and inform employees of the status of the vaccine availability. The employer shall check on the availability of the vaccine at least every 10 working days, and inform employees when the vaccine becomes available.
- (C) The employer shall not make participation in a prescreening program a prerequisite for receiving a vaccine, unless the CDC or CDHS guidelines recommend prescreening prior to administration of the vaccine.
- (D) If the employee initially declines a vaccination but at a later date, while still covered under the standard, decides to accept the vaccination, the employer shall make the vaccination available within ten working days of that request, in accordance with subsection (g)(5)(B).
- (E) The employer shall assure that employees who decline to accept a recommended vaccination offered by the employer sign the statement in Appendix C for each recommended vaccine.

(6) Exposure Incidents.

- (A) An employer who determines that a person is a suspected or confirmed case of a reportable aerosol transmissible disease, shall:
 - 1. Report the case to the local health officer, in accordance with Title 17.
 - 2. Determine, to the extent that the information is available in the employer's records, any other employers whose employees had contact with the suspect or confirmed case while performing activities within the scope of this section.. The employer shall notify the other employers, within 24 hours of diagnosis, of the date, time, and nature of the potential exposure, and provide any other information that is necessary for the other employer to evaluate exposure to its employees.
Note: These employees may include, but are not limited to, paramedics, emergency medical technicians, emergency responders, home health care personnel, homeless shelter personnel, personnel at referring health care facilities or agencies, and corrections personnel.

(B) Each employer who becomes aware that its employees may have been exposed to a confirmed case of a reportable aerosol transmissible disease, or to an exposure incident involving an ATP-L shall:

1. Conduct an analysis of the exposure scenario to determine which employees had a significant exposure to the infected individual or material. This analysis shall be conducted by an individual knowledgeable in the mechanisms of exposure to ATPs, and shall record the names and employee identification numbers of employees who were included in the analysis, and the basis for any determination that an employee need not be included in post-exposure follow-up because the employee did not have a significant exposure. The name of the person making the determination, and the identity of any PLHCP or local health officer consulted in making the determination shall be recorded.
2. Notify employees who had significant exposures of the date, time, and nature of the exposure.
3. As soon as feasible provide post-exposure evaluation to all employees who had a significant exposure. The evaluation shall be conducted by a PLHCP knowledgeable about the specific disease, including appropriate vaccination, prophylaxis or treatment. For M. tuberculosis, and for other pathogens where recommended by the CDC or CDHS, this shall include testing of the isolate from the source individual for drug susceptibility, unless the PLHCP determines that it is not feasible.
4. Obtain from the PLHCP a recommendation regarding precautionary removal in accordance with subsection (g)(8), and a written opinion in accordance with subsection (g)(9).
5. Within 24 hours of notification, the notified employer shall determine from its records whether employees of other employers may have been exposed to the suspect or confirmed case, and shall notify any such employer of the nature, date, and time of the exposure, and of the contact information for the diagnosing employer or PLHCP. The notified employer shall not provide the identity of the source patient to other employers.

(7) Information Provided to the Physician or Other Licensed Health Care Professionals.

(A) Each employer shall ensure that all PLHCPs responsible for making determinations and performing procedures as part of the medical surveillance program are provided a copy of this regulation, and applicable CDC and CDHS guidelines. For those employees required to wear respirators under this section, the employer shall provide information regarding the type of respiratory protection used, a description of the work effort required, any special environmental conditions (e.g., heat, confined space entry), additional requirements for protective clothing and equipment, and the duration and frequency of usage of the respirator.

(B) Each employer shall assure that the PLHCP who evaluates an employee after an exposure incident is provided the following information:

1. A description of the exposed employee's duties as they relate to the exposure incident;
2. Circumstances under which the exposure incident occurred;

3. Any available diagnostic test results, including drug susceptibility pattern or other information relating to the source of exposure which could assist in the medical management of the employee; and
4. All of the employer's medical records for the employee that are relevant to the management of the employee, including tuberculin skin testing and other relevant testing for ATP infections, and vaccination status.

(8) Precautionary Removal Recommendation from the Physician or Other Licensed Health Care Provider

- (A) Each employer who provides a post-exposure evaluation in accordance with this subsection shall obtain from the PLHCP an opinion regarding whether precautionary removal from the employee's regular assignment is necessary to prevent spread of the disease agent by the employee, and what type of alternate work assignment may be provided. A recommendation for precautionary removal shall be immediately conveyed to the employer via phone or fax, and documented in the written opinion as required in subsection (g)(9).
- (B) Where the PLHCP recommends precautionary removal, the employer shall maintain the employee's earnings, seniority, and all other employee rights and benefits, including the employee's right to his or her former job status, as if the employee had not been removed from the employee's job or otherwise medically limited until the employee is determined to be noninfectious.

Note: Precautionary removal provisions do not extend to any period of time in which an employee is removed from work because of a work-related illness as defined in Labor Code Section 3200 et seq.

(9) Written Opinion from the Physician or Other Licensed Health Care Provider.

- (A) Each employer shall obtain, and provide the employee with a copy of, the written opinion of the PLHCP within 15 working days of the completion of all medical evaluations required by this section.
- (B) For respirator use, the physician's opinion shall have the content required by section 5144(e)(6).
- (B) For TB conversions and all RATD and ATP-L exposure incidents, the written opinion shall be limited to the following information:
 1. The employee's TB Test status or applicable RATD test status for the exposure of concern;
 2. The employee's infectivity status;
 3. A statement that the employee has been informed of the results of the medical evaluation and has been offered any applicable vaccinations or prophylaxis;
 4. A statement that the employee has been told about any medical conditions resulting from exposure to TB or other RATD that require further evaluation or treatment, and has been informed of treatment options;
 5. Any recommendations for precautionary removal.
- (C) All other findings or diagnoses shall remain confidential and shall not be included in the written report.

- (10) The employer shall make available seasonal influenza vaccine to all employees with occupational exposure. This vaccine shall be provided at no cost to employees and during

working hours. The employer shall assure that each employee who declines to accept the seasonal influenza vaccine signs the statement in Appendix C. Note: The employer need only maintain one declination form for each employee who declines to accept seasonal influenza vaccine, and need not collect a separate declination form from the employee for each year the seasonal influenza vaccine is declined.

(h) Training

- (1) Employers shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during the employee's working hours.
- (2) Training shall be provided as follows:
 - (A) At the time of initial assignment to tasks where occupational exposure may take place;
 - (B) At least annually thereafter.
 - (C) For employees who have received training on aerosol transmissible diseases in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.
 - (D) Annual training for all employees shall be provided within twelve months of their previous training.
 - (E) Employers shall provide additional training when changes, such as introduction of new engineering or work practice controls, modification of tasks or procedures or institution of new tasks or procedures, affect the employee's occupational exposure or control measures. The additional training may be limited to addressing the new exposures or control measures.
- (3) The training program shall contain at a minimum the following elements:
 - (A) Copy and Explanation of Standard. An accessible copy of the regulatory text of this standard and an explanation of its contents.
 - (B) General explanation. A general explanation of aerosol transmissible diseases including the signs and symptoms of ATDs that require further medical evaluation.
 - (C) Modes of Transmission and Source Control. An explanation of the modes of transmission of ATDs, and applicable source control procedures.
 - (D) Employer's Exposure Control Plan. An explanation of the employer's ATD Exposure Control Plan and/or Biosafety Plan and the means by which the employee can obtain a copy of the written plan and how they can provide input as to its effectiveness.
 - (E) Risk Identification. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to ATDs.
 - (F) Methods of Compliance. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering and work practice controls and personal and respiratory protective equipment.
 - (G) Personal Protective Equipment. An explanation of the basis for selection of personal protective equipment and its uses and limitations.

- (H) Decontamination and Disposal. Information on the types, proper use, location, removal, handling, cleaning, decontamination and disposal of personal protective equipment.
 - (I) The employer's medical surveillance program. This training shall include a description of the employer's TB surveillance procedures, and shall include the information that persons who are immune compromised may be false negatives.
 - (J) Respiratory Protection, meeting the requirements of Section 5144(k), for employees whose assignment includes the use of respirators.
 - (K) Vaccination. Information on the available vaccines, including information on their efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
 - (L) Exposure Incident. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available, and post-exposure evaluation.
 - (M) Surge procedures. Information on the employer's surge plan as it pertains to the duties employees will perform. As applicable, this training shall cover the plan for surge receiving and treatment, isolation procedures, how to access supplies needed for the response including personal protective equipment, decontamination facilities and procedures, and respiratory protection, and how to coordinate with emergency response personnel from other agencies.
 - (N) Interactive Questions and Answers. An opportunity for interactive questions and answers with the person conducting the training session.
- (4) The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.
 - (5) Training material appropriate in content and vocabulary to the educational level, literacy, and language of employees shall be used.

(i) **Record-keeping**

(1) Medical Records.

- (A) The employer shall establish and maintain an accurate medical record for each employee with occupational exposure, in accordance with Section 3204. Note: this record may be combined with the medical record required by Section 5193, but may not be combined with non-medical personnel records.
- (B) This record shall include:
 - 1. The name and employee identification number of the employee;
 - 2. A copy of the employee's vaccination status including the dates of all vaccinations and any medical records relative to the employee's ability to receive vaccination as required by subsection (g)(5);
 - 3. A copy of all results of examinations, medical testing, and follow-up procedures as required by this section;

4. The employer's copy of the PLHCP's written opinion as required by subsection (g)(9); and
 5. A copy of the information regarding an exposure incident that was provided to the PLHCP as required by subsection (g)(7)(B).
- (C) Confidentiality. The employer shall ensure that employee medical records required by this section are:
1. Kept confidential; and
 2. Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.
- (D) The employer shall maintain the medical records required by this section for at least the duration of employment plus 30 years in accordance with Section 3204.
- (2) Training Records.
- (A) Training records shall include the following information:
1. The dates of the training sessions;
 2. The contents or a summary of the training sessions;
 3. The names and qualifications of persons conducting the training; and
 4. The names and job titles of all persons attending the training sessions.
- (B) Training records shall be maintained for 3 years from the date on which the training occurred.
- (4) Records of Plan Implementation
- (A) Records of annual review of the plan shall include the name(s) of the person conducting the review, the date of the review, the name(s) and work area(s) of employees involved, and a summary of the conclusions. The record shall be retained for three years.
- (B) Records of availability of vaccine shall include the name of the person who determined vaccine was not available, the name and affiliation of the person providing the vaccine availability information, and the date of the contact. This record shall be retained for three years.
- (C) Records of the unavailability of airborne infection isolation facilities shall include the name of the person who determined AII facilities were not available, the name and the affiliation of persons contacted for transfer possibilities and the date of the contact, the name and contact information for the local health officer providing assistance and the time and date of the contacts. This record shall be retained for three years.
- (D) Records of decisions not to transfer a patient to another facility for AII for medical reasons shall be documented in the patient's chart, and a summary shall be provided to the Plan administrator, providing only the name of the physician determining that the patient was not able to be transferred, the date and time of the initial decision and the date, time and identity of the person who performed each daily review. This record shall be retained for three years.
- (E) Records of inspection, testing and maintenance of non-disposable engineering controls including ventilation systems, air filtration systems, containment equipment, biosafety cabinets, and waste treatment systems shall be maintained for a minimum of

- 5 years and shall include the name and affiliation of the person performing the test, inspection or maintenance, the date, and any significant findings and actions taken.
- (F) Records of the respiratory protection program shall be established and maintained in accordance with subsection 5144.
- (4) Availability.
- (A) The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Chief, his designated representatives, and NIOSH for examination and copying.
- (B) Employee training records required by this subsection shall be provided upon request for examination and copying to employees, to employee representatives, to the Chief, his designated representatives and to NIOSH.
- (C) Employee medical records required by this subsection shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Chief, his designated representative and to NIOSH in accordance with Section 3204.
- (5) Transfer of Records.
- (A) The employer shall comply with the requirements involving transfer of records set forth in Section 3204.
- (B) If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify NIOSH, at least three months prior to their disposal and transmit them to the NIOSH, if required by the NIOSH to do so, within that three month period.